

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number		P01313-US-00	
		First Named Inventor		MURRAY, Graham Simpson	
COMPLETE IF KNOWN					
<input type="checkbox"/> Declaration Submitted with Initial Filing		<input checked="" type="checkbox"/> Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Application Number	10/552,233
				Filing Date	October 7, 2005
				Group Art Unit	
				Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONDUCTIVE POLYMER, CONDUCTIVE POLYMER COMPOSITIONS AND THEIR USE

(Title of the Invention)

the specification of which

is attached hereto

OR
 was filed on 10/07/2005

10/552,233

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I acknowledge that the practitioners at Customer Number 22446, are the attorney(s) or agent(s) of the assignee of my invention and will prosecute the above-identified application, and will transact all business in the United States Patent and Trademark Office connected therewith on behalf of the assignee.

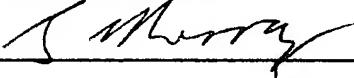
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="checkbox"/>	OR <input checked="" type="checkbox"/> Correspondence address below
Name Doreen J. Gridley				
Address ICE MILLER, One American Square, Box 82001				
City Indianapolis		State IN	ZIP 46282-0200	
Country USA		Telephone (317) 236-2472	Fax (317) 236-2219	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Graham Simpson		Family Name or Surname Murray		
Inventor's Signature 		Date 17 Jan 06		
Residence: City Hampshire		State	Country UK	Citizenship UK
Mailing Address 27 Stubbington Way, Fair Oak, Eastleigh				
City Hampshire SO50 7LQ		State	ZIP	Country United Kingdom
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Sheelagh Anne		Family Name or Surname Campbell		
Inventor's Signature 		Date 23/01/06		
Residence: City Portsmouth, Hampshire		State	Country UK	Citizenship UK
Mailing Address Centre for Chemistry, School of Pharmacy and Biomedical Sciences, University of Portsmouth				
City Portsmouth, Hampshire		State	ZIP	Country UK
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box ,,,

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen Paul		Gillard	
Signature	<i>S. Gillard</i> <i>Inventor's</i>		<i>28/01/08</i> Date
Residence:	State	Country UK	Citizenship UK
<i>Mailing Address 39 Sea Crest Road, Lee On The Solent</i>			
Mailing Address			
City Hampshire P013 8HH	State	ZIP	Country UK
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Signature	<i>Inventor's</i>		Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Signature	<i>Inventor's</i>		Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

INDY 1619547v1